

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div style="text-align: center;"> <b>SERIAL NO.</b>  <div style="font-size: 1.5em; font-weight: bold;">10582,723</div> </div> <div style="text-align: center;"> <b>FILING DATE</b>  <div style="font-size: 1.5em; font-weight: bold;">6-13-2006</div> </div> </div>													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">9</div> <div> <b>APPLICANT(S)</b>  </div> </div>													
CLAIMS													
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TOTAL CLAIMS													